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FEC FORM 3X

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NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
THIS IS WH	1 Y W E C YN 1 T	IHAIVE NICE	17141 NGS	
ADDRESS (number and street)	[PO BOX 24	842		
Check if different than previously reported. (ACC)	LOS, ANGÉL	<u>;</u> s	[CA] [900Z	-M-L
2. FEC IDENTIFICATION N	NUMBER ▼ CITY	A	STATE ▲ Z	IP CODE ▲
0006051	7.01 3. IS	THIS NEW PORT (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report July 31 Mid-Year Report (Non-elect Year Only) (MY) Termination Repo (TER)	(Q1) (c) 12-Day PRE-Election Report for the: (Q3) (YE) (d) 30-Day POST-Election Report for the:	Primary (12P) Convention (12C) on General (30G)	Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Runoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) n the State of Special (30S) n the State of C A
5. Covering Period 100 000 120 6 through 12016 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Nicolas Hamatake				
Signature of Treasurer NOTE: Submission of false, error	DM HTD, oneous, or incomplete information	71.	Date Z	12016